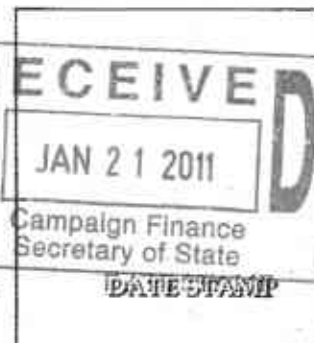


Delbert Hosemann
SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election



Name of Committee Jess Hogue for State Representative
Address PO Box 4146 Biloxi MS 39535
Telephone 228-365-2986 Fax 662-234-0336
Treasurer Howie Morgan Email TrustJessHogue@gmail

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory
☐ January 26, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates only
☒ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 803.00 \$ 0	\$ 803.00	\$ 10,078.00
Total amount of disbursements	\$ 1481.37 \$ 355.78	\$ 1837.15	\$ 10,078.00
Total amount of cash on hand	\$ - 0 -		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date 1/20/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 38206 or fax to 601-359-1498 or 801-578-2818.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee Jess Hogue for State Rep.Reporting period 1/1/11 through 1/1/11

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jess Hogue</u>		<u>1/1/11</u>	\$ <u>803.00</u>
Mailing Address <u>1591 Pelican Bayou Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi MS 39532</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Virginia College</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Instructor</u>		Aggregate year-to-date	\$ <u>6803.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

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Name of Candidate or Committee Jess Hogue for State Representative
 Reporting period 1/1/11 through 1/11/11

ITEMIZED DISBURSEMENTS

A. Full name <u>Election Impact Group</u>	Date (Mo., Day, Year) <u>1/3/11</u>	Amount of each disbursement this period \$ <u>516.49</u>
Mailing Address <u>PO Box 2078</u>	<u>1/12/11</u>	\$ <u>161.88</u>
City, State, Zip Code <u>Oxford MS 38655</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2148.75</u>
B. Full name <u>Clear Channel Radio</u>	Date (Mo., Day, Year) <u>1/7/11</u>	Amount of each disbursement this period \$ <u>803.00</u>
Mailing Address <u>286 Debuys Rd.</u>	<u>1/1/11</u>	\$
City, State, Zip Code <u>Biloxi MS 39531</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>803.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/11</u>	\$
City, State, Zip Code	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$